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To whom it may concern

Re: National Alcohol Strategy for 2016-21

The National Stroke Foundation (NSF) welcomes the opportunity to provide feedback on the proposed **National Alcohol Strategy 2016-21** discussion paper. For any queries on this submission please contact NSF A/Director Policy and Advocacy Scott Stirling on sstirling@strokefoundation.com.au or 03 9918 7238.

Given excessive alcohol consumption is clearly associated with an increased risk of stroke (six or more standard drinks a day) [1] the NSF is supportive of any efforts that will see a reduction in harmful drinking in the Australian population.

There is evidence linking heavy drinking with stroke in younger adults, as well as a link between long-term heavy drinking and stroke. Binge drinking is also associated with an increased risk of stroke.

The NSF is a member of the Australian Chronic Disease Prevention Alliance (ACDPA) made up of: Cancer Council Australia; Diabetes Australia; Kidney Health Australia; National Heart Foundation of Australia and the National Stroke Foundation. We are supportive of an agreed Alliance position on alcohol which includes the following key points:

- The Australian Chronic Disease Prevention Alliance recommends that people limit or avoid drinking alcohol to reduce their risk of developing chronic disease.
- People who choose to drink alcohol should drink only within the National Health and Medical Research Council guidelines for alcohol consumption which recommend that healthy Australians should have no more than two standard alcoholic drinks (defined as containing 10g of alcohol) per day.
- There is no evidence to suggest that non-drinkers should start to drink alcohol for any possible health benefit.
- Alcohol consumption, especially at high levels, can increase the risk of developing a range of chronic diseases including cardiovascular disease, type 2 diabetes and chronic kidney disease. Alcohol is a cause of cancer and consumption at any level increases cancer risk.
- Alcohol consumption may also contribute to the development of other major chronic disease risk factors such as high blood pressure and obesity and overweight.

[1] All figures in this section sourced from ACDPA Position Statement, Alcohol Supply, www.diabetesaustralia.com.au/Documents/DA/Position%20Statements/ACDPA-PS-Alcohol-supply.pdf

- Drinking red wine or other types of alcoholic drinks for the prevention or treatment of cardiovascular disease is not recommended. Any potential cardiovascular benefits from alcohol can be gained through lifestyle factors such as healthy eating and regular physical activity. There is no evidence of any protective effect of alcohol for cancer.
- People with existing chronic conditions, especially type 2 diabetes, hypertension and chronic heart failure should take precautions when drinking alcohol and should discuss alcohol consumption with their doctor or their credentialed diabetes educator.

Comments addressing the Discussion Paper

General comments

The NSF supports the Foundation for Alcohol Research & Education's (FARE) view that the NAS should include clear objectives, strategies and actions and have measurable targets. The NAS should also take advantage of work already done in this area and look at the work of the World Health Organization (WHO) in their Global strategy to reduce harmful use of alcohol.

NSF also agrees that stakeholders should have the opportunity to comment on the first draft of the National Alcohol Strategy.

Policy context

The NSF agrees with this section's discussion on the harms of alcohol. However, there should be some policy context around the availability and promotion of alcohol, particularly to young adults.

Overarching goal

The NSF would like to see consideration of WHO's target of a 10 per cent relative reduction in the harmful use of alcohol by 2025, regardless of the length of the NAS. Australia is a signatory to the suite of WHO targets but is yet to implement them.

Guiding principles

The guiding principles should be directed by the overarching goal and therefore include the use of WHO's global strategy to reduce harmful use of alcohol, which includes the use of targets.

The NSF also agrees with FARE's stipulation that no members of the alcohol industry have any role in the formulation of alcohol policies so as to protect the NAS from vested interests. This is also the view of the WHO.

Building on existing efforts and progress

There has been some success with the reduction of alcohol-related violence due to lock-out policies in Newcastle and Sydney and this evidence should be considered in the development of the NAS.

However, there is still a long way to go with getting people to address the long term health impacts of high alcohol consumption. The body of evidence around the risks of alcohol consumption to chronic disease has grown markedly and is well known in the health profession. This now needs to be communicated and impressed on the general public. The NAS needs to look at strategies to present this compelling evidence in a manner that will alert people to the risks to their long term health.

Excessive alcohol consumption is clearly associated with an increased risk of stroke.[2] [3] There is also a clear link between alcohol consumption and high blood pressure (hypertension), which is a major risk for stroke.[4]

Excessive alcohol consumption can also contribute to weight gain and lead to obesity, which accounts for 55% of the burden of disease associated with type 2 diabetes, 20% of the burden of cardiovascular disease and 4% of the cancer disease burden.[5]

Evidence based strategies

With regards to chronic disease, the evidence is overwhelmingly in favour of reducing alcohol consumption to reduce chronic disease risk. Once a person has a chronic disease they are more likely to get a second or more chronic diseases. This is placing an enormous amount of pressure on the health care system at the moment. Economic analysis has shown that stroke costs the Australian economy $5 billion per year, including $3 billion in lost productivity. Any efforts to reduce alcohol consumption will have benefits in terms of reducing stroke community impact.

Working in partnership

Partnerships are crucial to reduce alcohol related harm and disease. The NSF would like to see cooperation between various areas of government when it comes to tackling excessive alcohol consumption including:

- the Department of Health;
- the Department of Social Security;
- Primary Health Networks; and
- the National Disability Insurance Agency.

These four groups have a significant role to play when it comes to supporting those who suffer from chronic disease and better cooperation and collaboration is crucial to ensure any alcohol strategy can be successful.

Priority population groups

[2] Ronksley PE, Brien SE, Turner BJ, Mukamal KJ, Ghali WA. Association of alcohol consumption with selected cardiovascular disease outcomes: a systematic review and meta-analysis. BMJ 2011;342:d671.

[3] Reynolds K, Lewis B, Nolen JD, Kinney GL, Sathya B, He J. Alcohol consumption and risk of stroke: a meta-analysis. JAMA 2003 Feb 5;289(5):579-88.

[4] Single E, Ashley M, Bondy S, Rankin J, Rehm J. Evidence regarding the level of alcohol consumption considered to be low-risk for men and women. Commonwealth of Australia; 2000.

[5] Begg S, Vos T, Barker B, Stevenson C, Stanley L, Lopez AD. The burden of disease and injury in Australia 2003. Canberra: AIHW; 2007. Report No.: PHE 82.

The NSF agrees with FARE's view that if the NAS only identifies two priority populations there could be a risk that other priority groups' needs will not be met. A social determinants approach to address harmful alcohol consumption could assist to determine the appropriate priority population groups.

In addition, the NSF would like to stress the importance of working with chronic disease sufferers as a priority group. Reduction of harmful alcohol intake in this group could lead to reduction of cardiovascular disease and deliver economic savings.

Priority areas and actions

The NSF supports the priority areas and actions in the discussion paper. However, they would be more effective if they were more specific and included targets.

For instance, Priority 12 - **Reduce chronic harms and disease related to alcohol use**. *Includes increasing awareness of the chronic harms of alcohol use, such as cancer. Also includes specific measures to reduce overall consumption of alcohol in the community.*

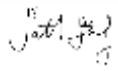
This priority requires far more elaboration on the chronic diseases affected by excessive alcohol consumption and we would encourage development of target goals for reduction.

Monitoring implementation and progress

Transparency and good governance are crucial to ensuring there is confidence in the NAS. Regular monitoring and public reporting on implementation and results will give people confidence that the strategy is being implemented and will give a clear indication of what measures are not working.

The NSF would strongly urge the adoption of a data strategy to ensure consistency in data collection and reporting, as well as the ability to combine data from various sources for further analyses.

Yours sincerely



Scott Stirling

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